

FIG. 1A

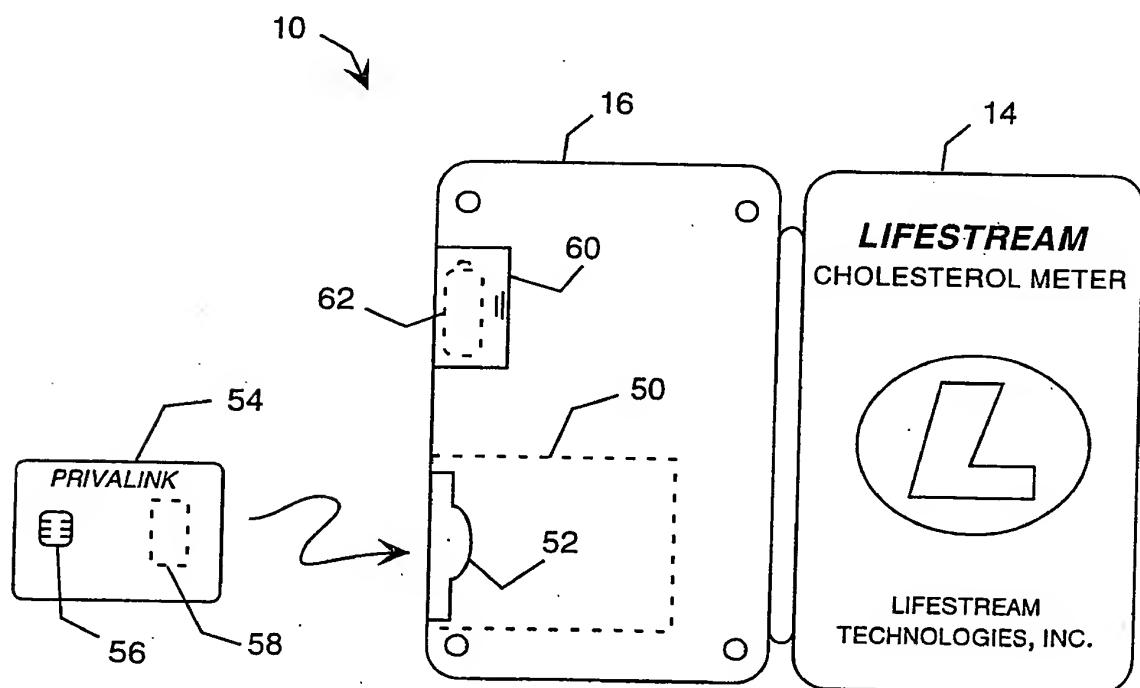


FIG. 1B

PERSONAL HEALTH REPORT . . . 112

- PERSONAL TREND ANALYSIS
- BLOOD LIPID LEVELS
- BLOOD GLUCOSE LEVELS

- DRUG AND LIFESTYLE THERAPY

- PRESCRIPTION DRUG DATA SHEET
- DRUG CROSS REACTIONS
- RECOMMENDED WEIGHT LOSS
- DIET AND EXERCISE RECOMMENDATIONS

- HEALTH ASSESSMENT

- BIOLOGICAL AGE
- RISK OF HEART ATTACK
- RISK OF STROKE

- EDUCATIONAL INFORMATION

- CORONARY RISK FACTORS
- DIETARY GUIDES TO LOWER CHOLESTEROL
- DIABETES AND CANCER INFORMATION

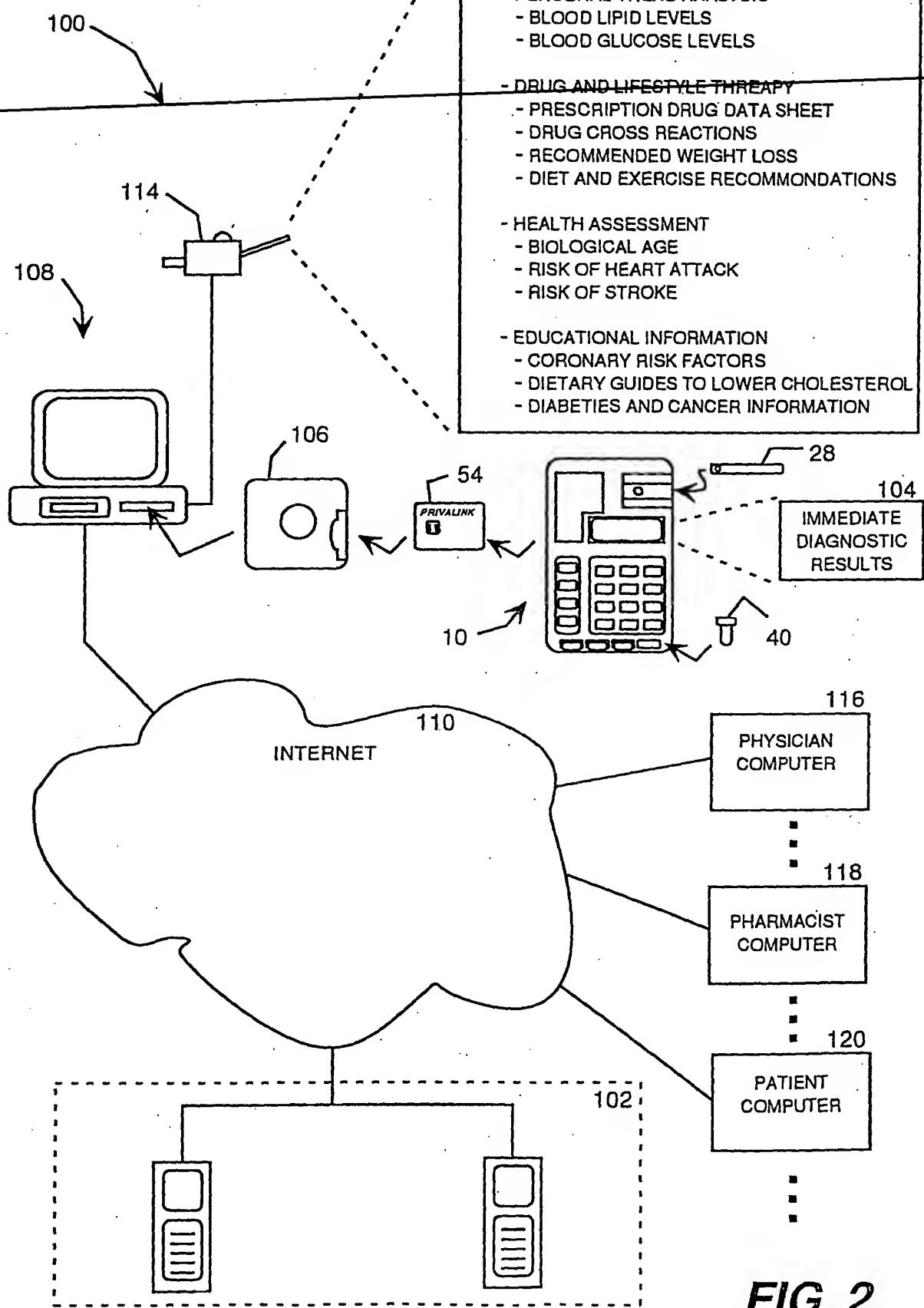
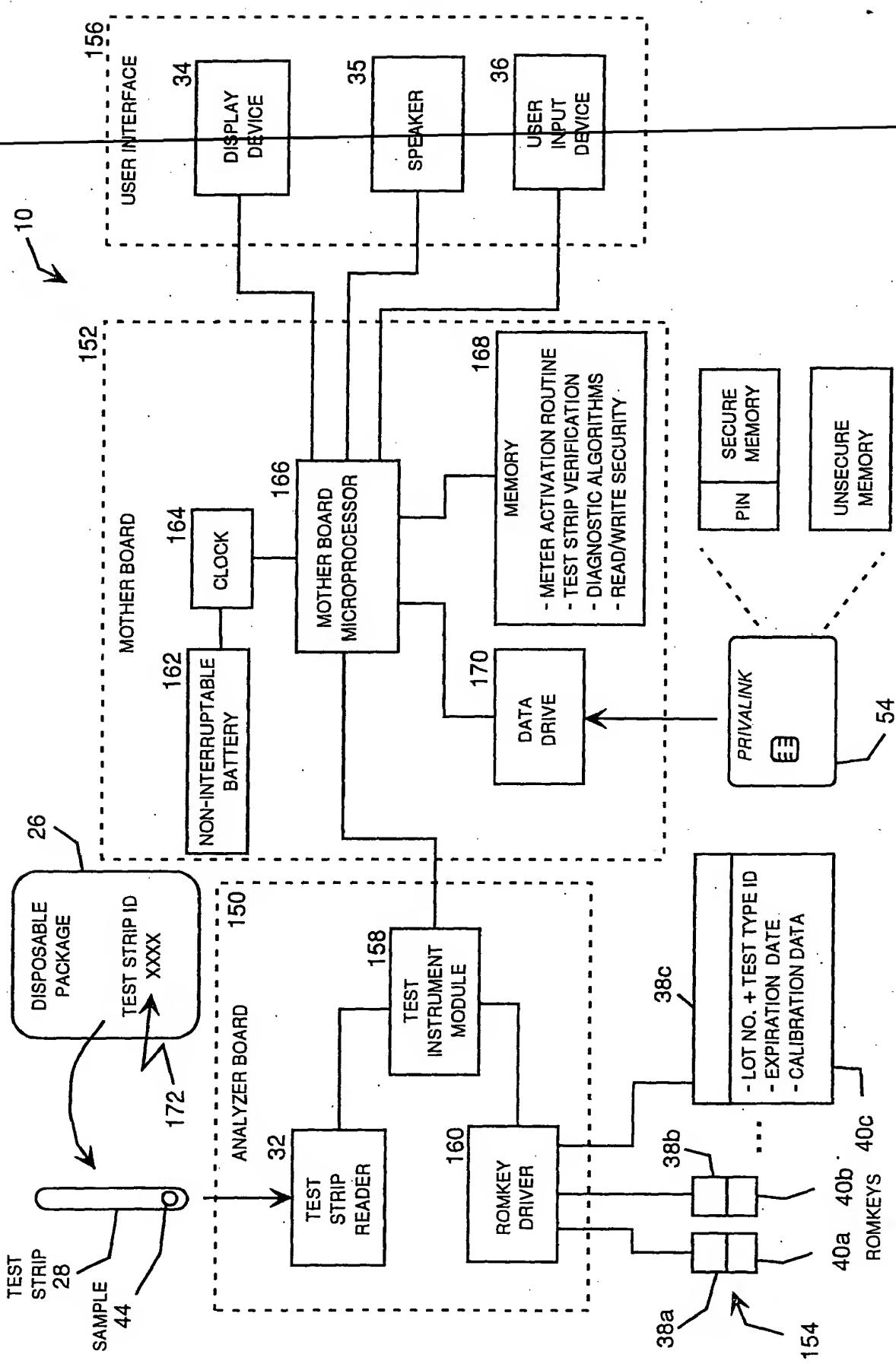


FIG. 2

FIG. 3



4 / 3 0

METER
ACTIVATION
ROUTINE
400

BEGIN

402

FACTORY PROGRAMMING
- SET METER CLOCK TO CORRECT DATE
- STORE ACTIVATION CODE ALGORITHM IN METER

404

COMPUTE ACTIVATION CODE FOR
CURRENT DATE

406

RECEIVE ACTIVATION COMMUNICATION
(E.G., 1-800 INITIALIZATION CALL)

408

DELIVER ACTIVATION CODE FOR CURRENT DATE
TO USER

410

USER ENTERS ACTIVATION CODE
INTO METER USING KEYPAD

412

METER COMPUTES ACTIVATION CODE
USING STORED ALGORITHM AND
CURRENT CLOCK DATE

414

METER COMPARES RECEIVED ACTIVATION CODE
TO COMPUTED ACTIVATION CODE

416

ACTIVATION CODE
VERIFIED?

YES

NO

418

TIMEOUT OR
NUMBER OF ALLOWED TRIES
REACHED?

YES

420

ACTIVATE METER

END

FIG. 4

COMPUTE
ACTIVATION CODE
ROUTINE
404

5 / 3 0

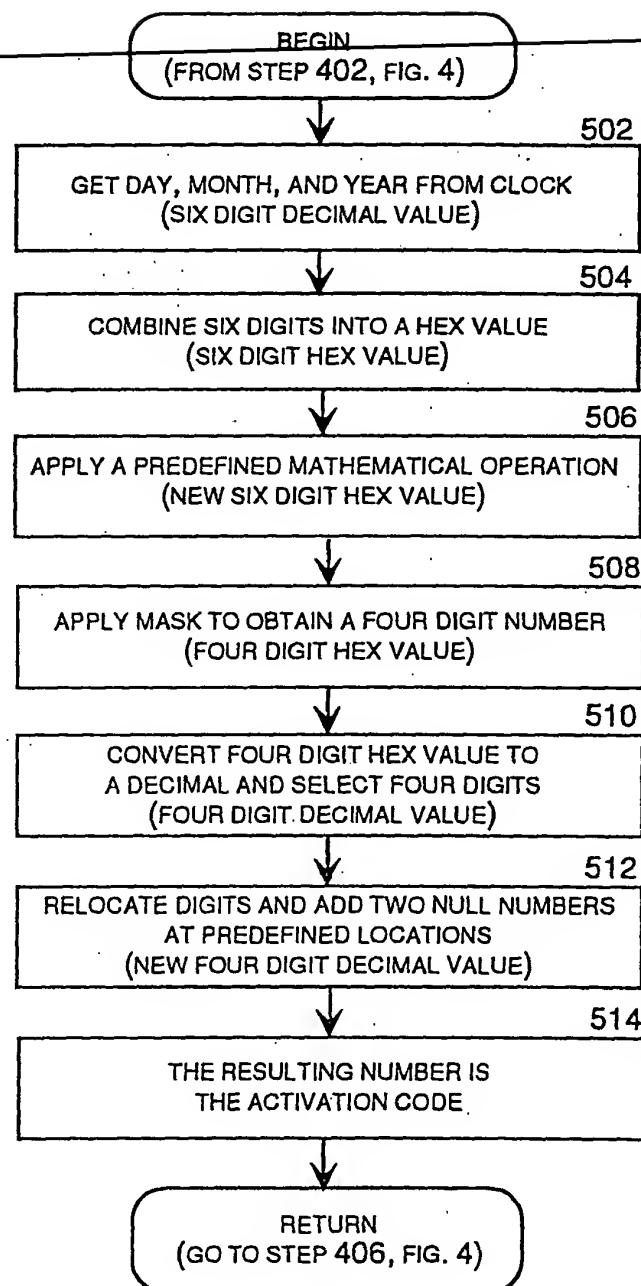
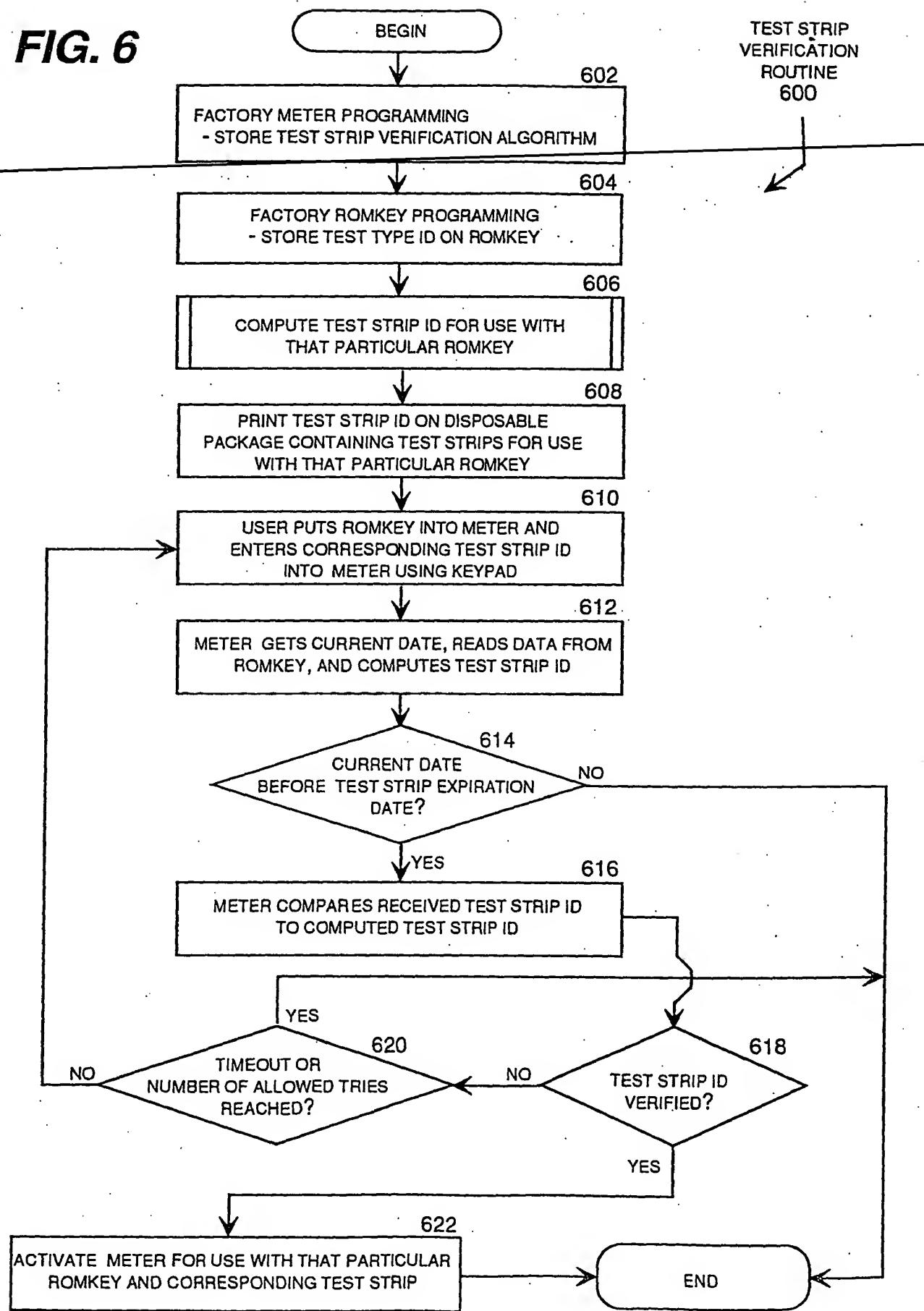


FIG. 5

FIG. 6

7 / 3 0

COMPUTE
TEST STRIP ID
ROUTINE
606

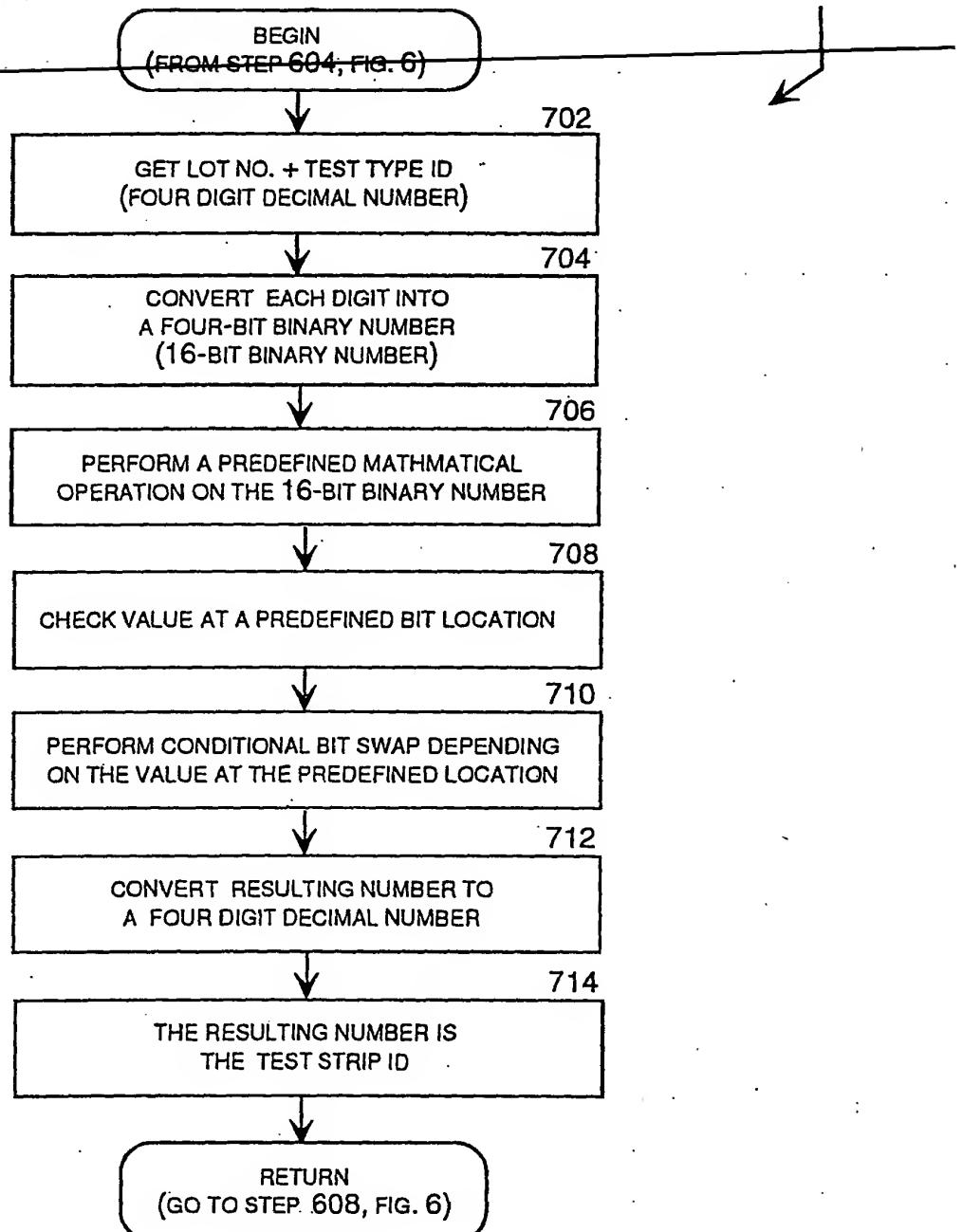
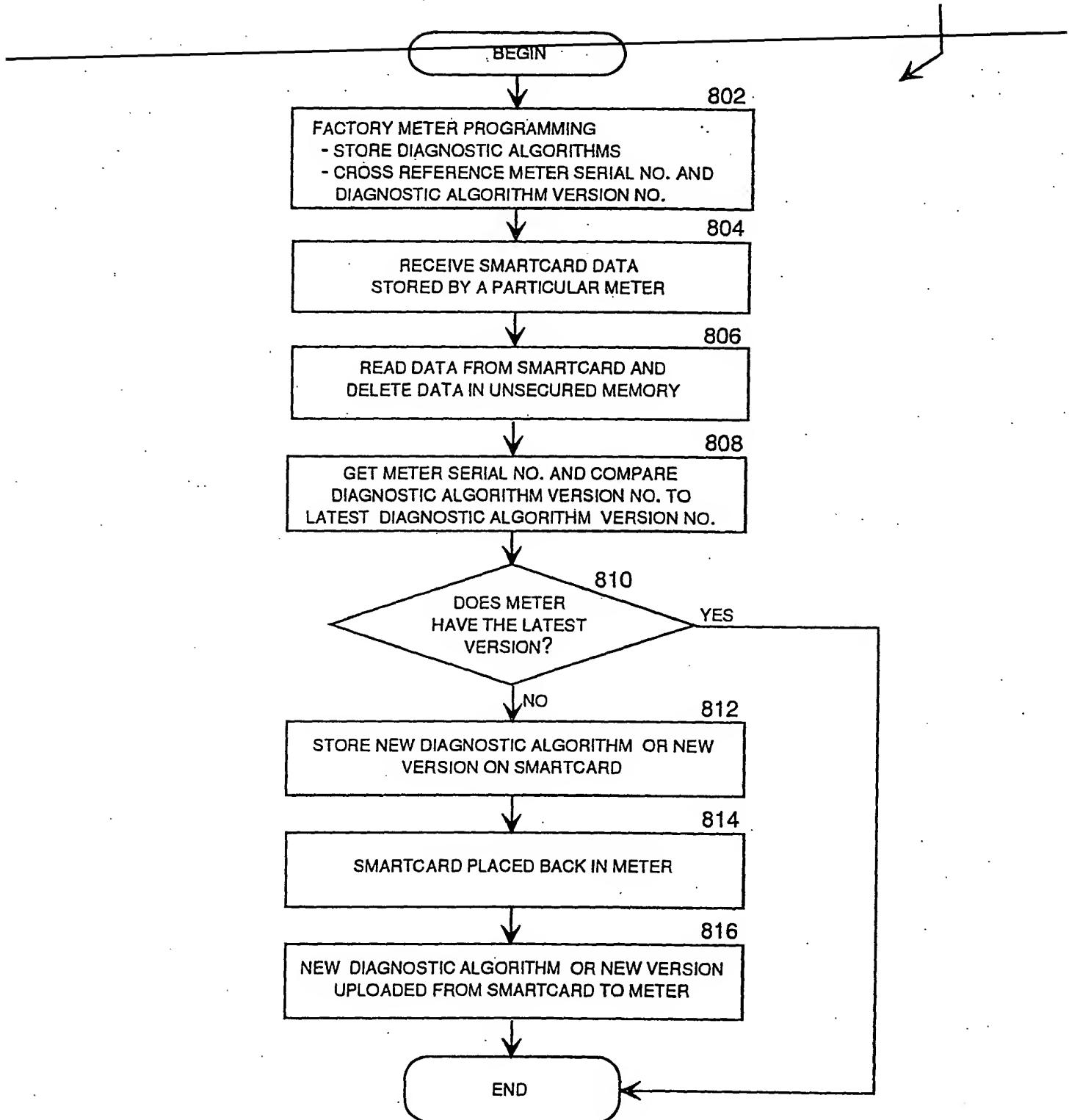
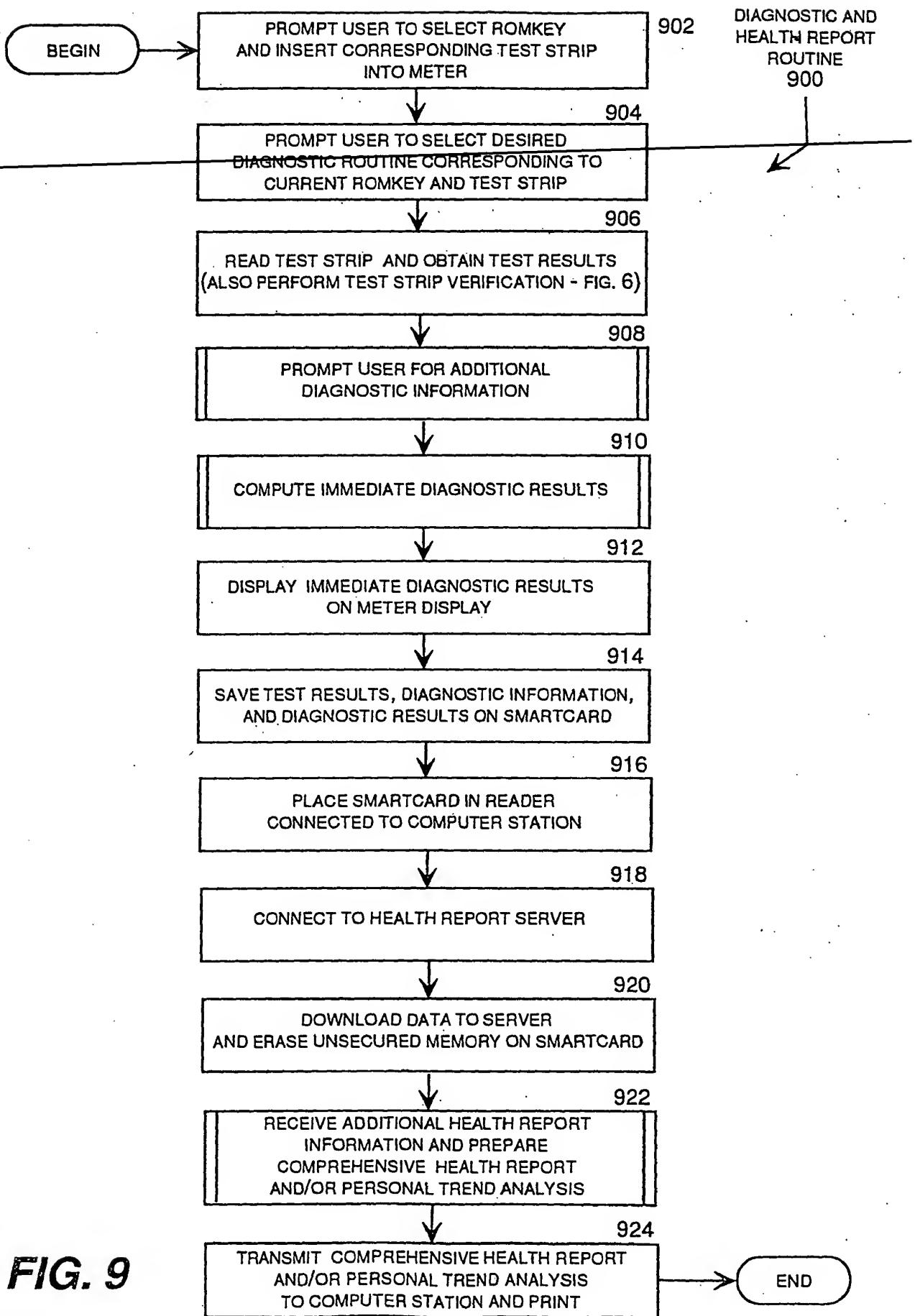


FIG. 7



**FIG. 9**

10 / 30

BEGIN
(FROM STEP 906, FIG. 9)

EXAMPLE
CHOLESTEROL
ROUTINE
908

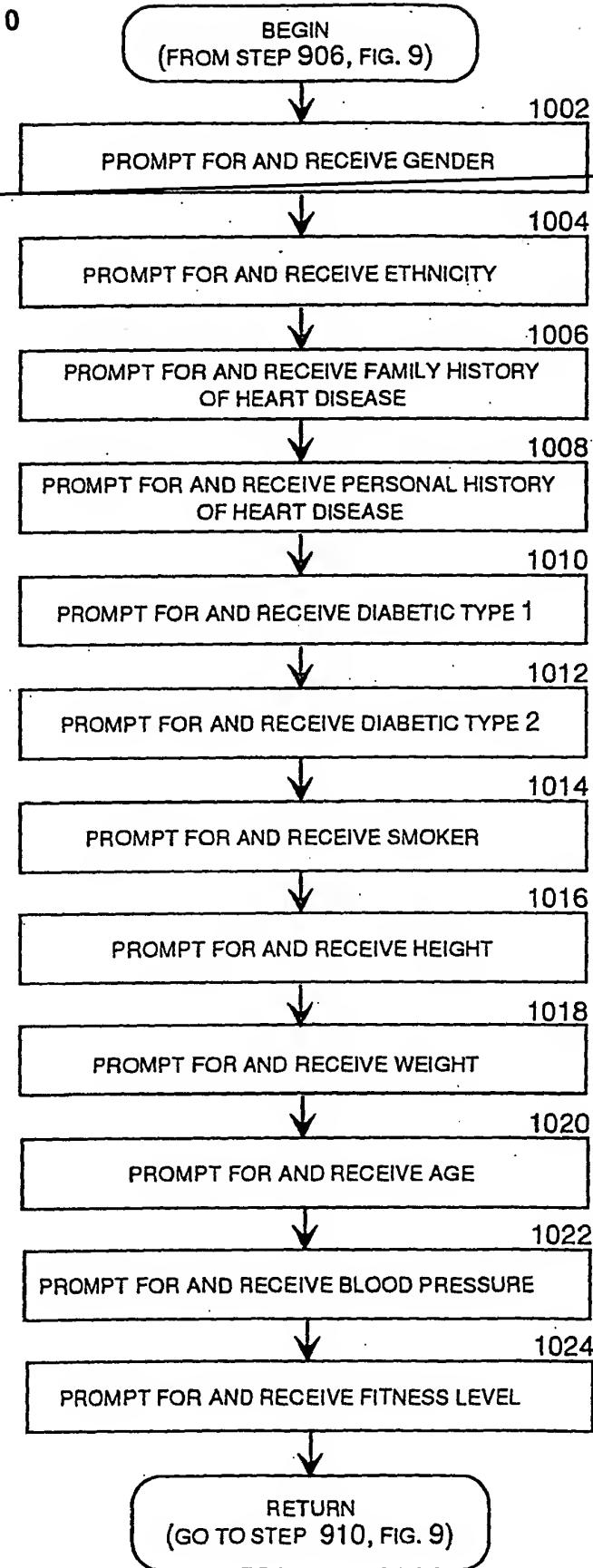


FIG. 10

11 / 30

EXAMPLE
CHOLESTEROL
ROUTINE
910

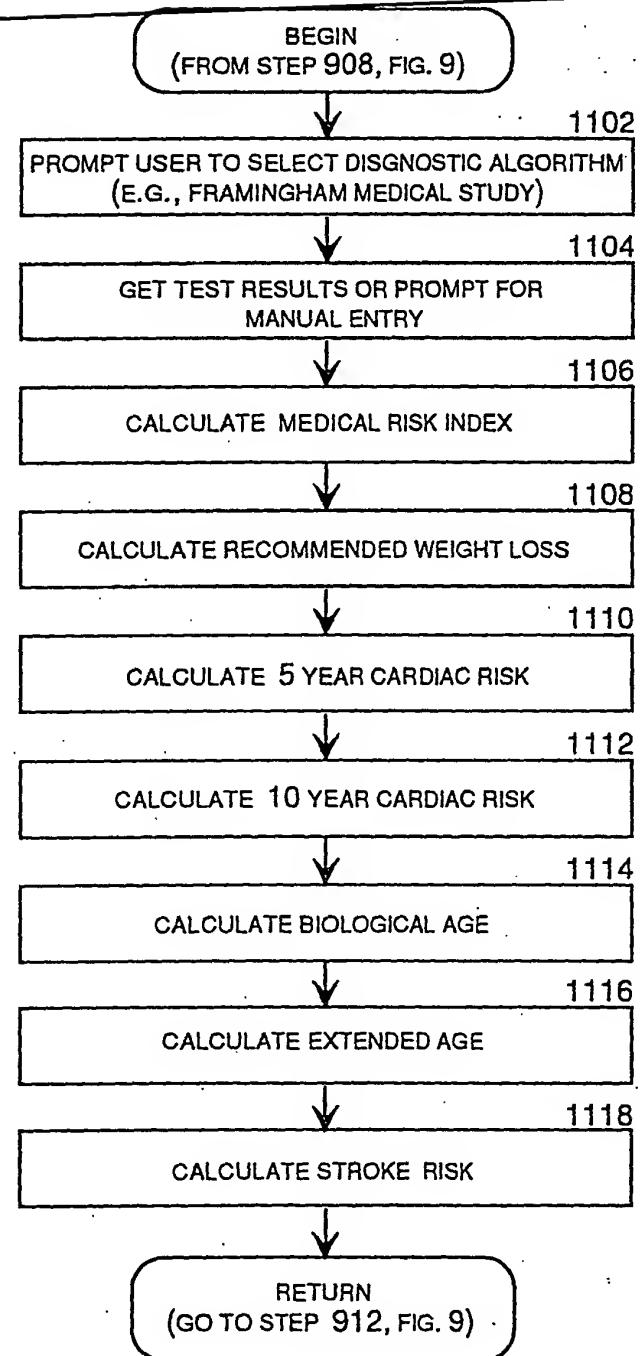


FIG. 11

12 / 30

EXAMPLE
CHOLESTEROL
ROUTINE
922

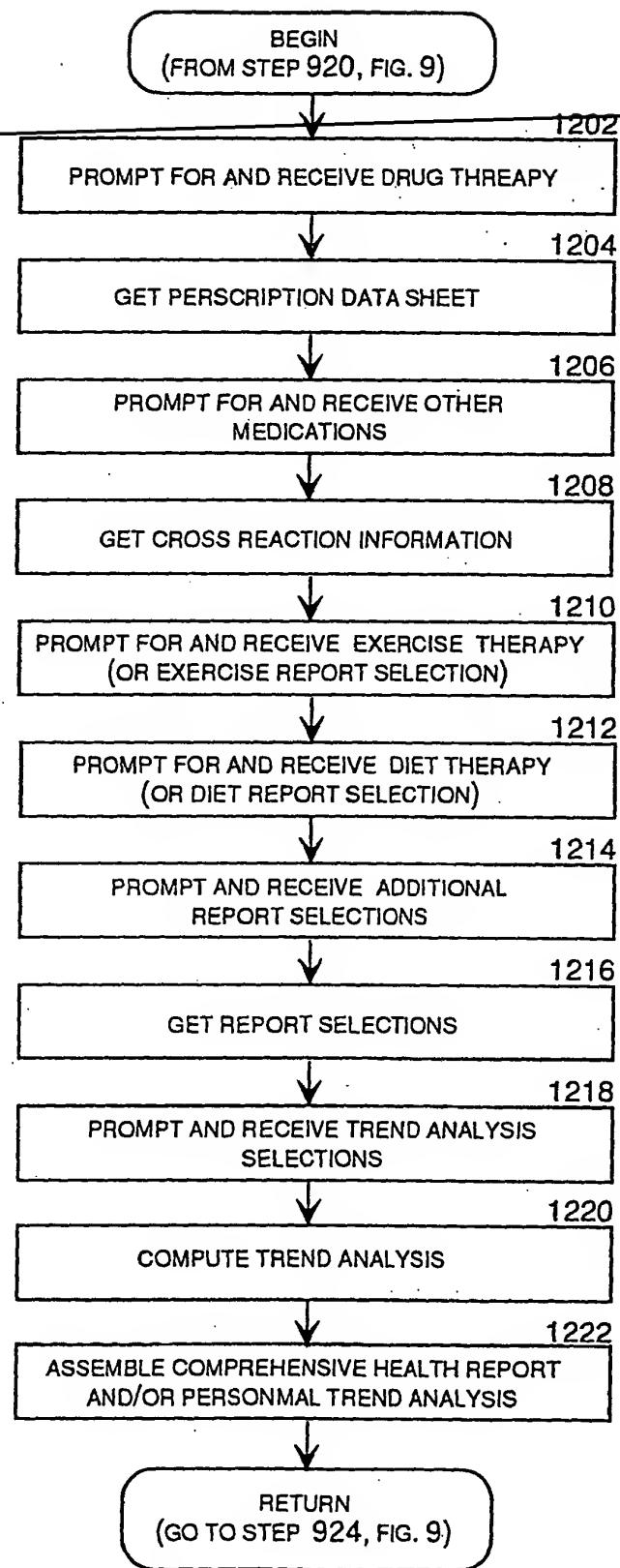


FIG. 12

13 / 30

READ/WRITE
SECURITY
ROUTINE
1300

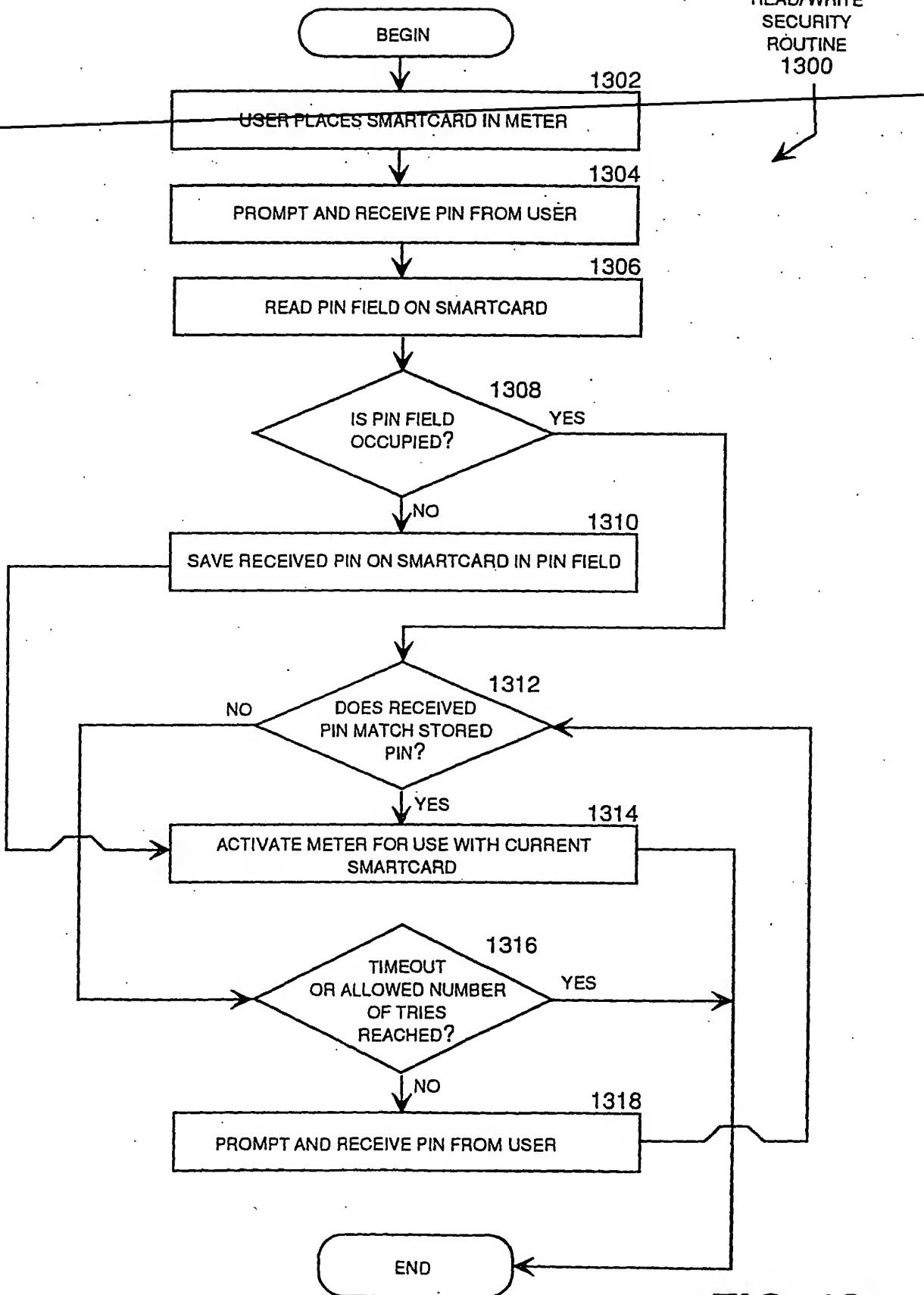


FIG. 13

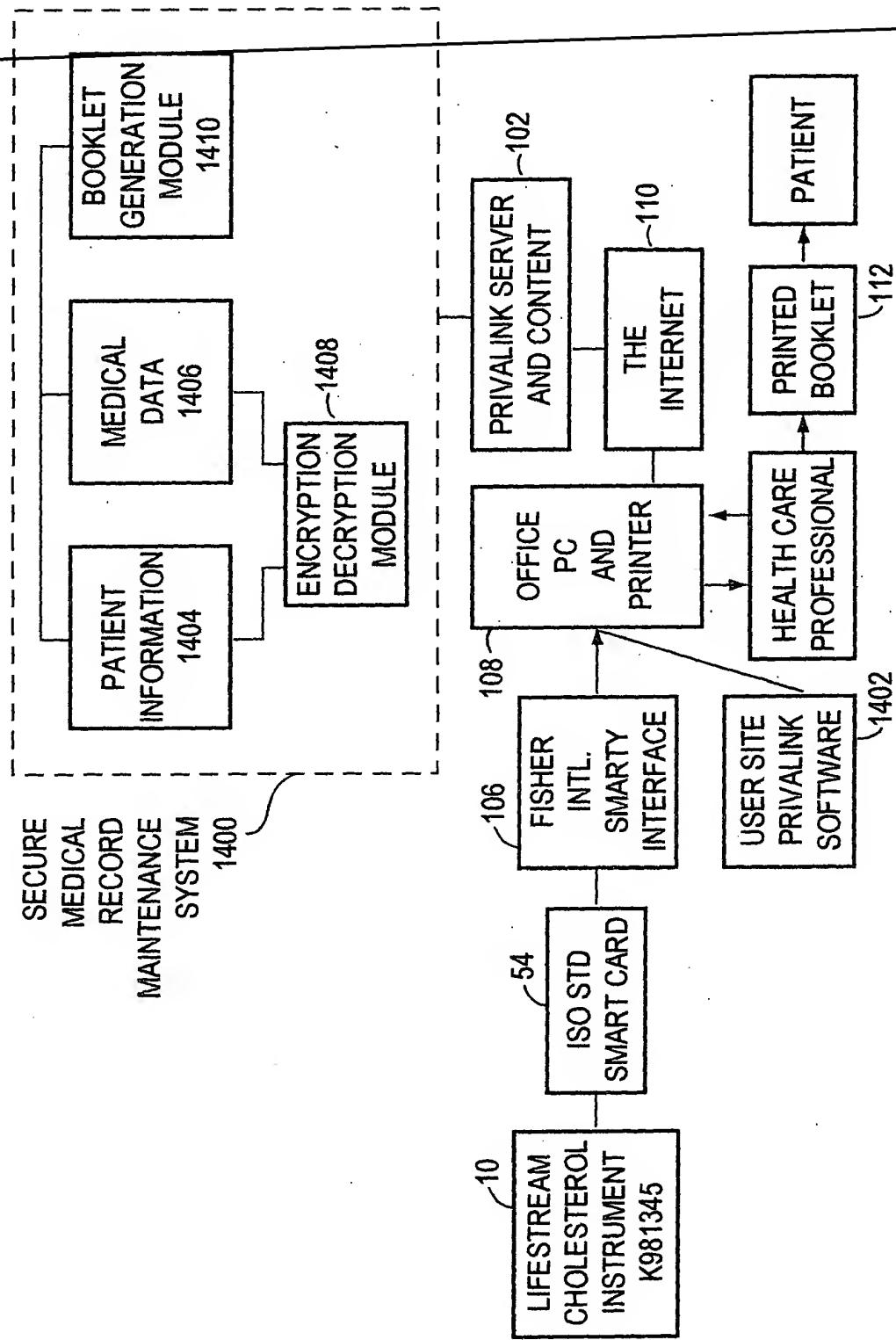


FIG. 14

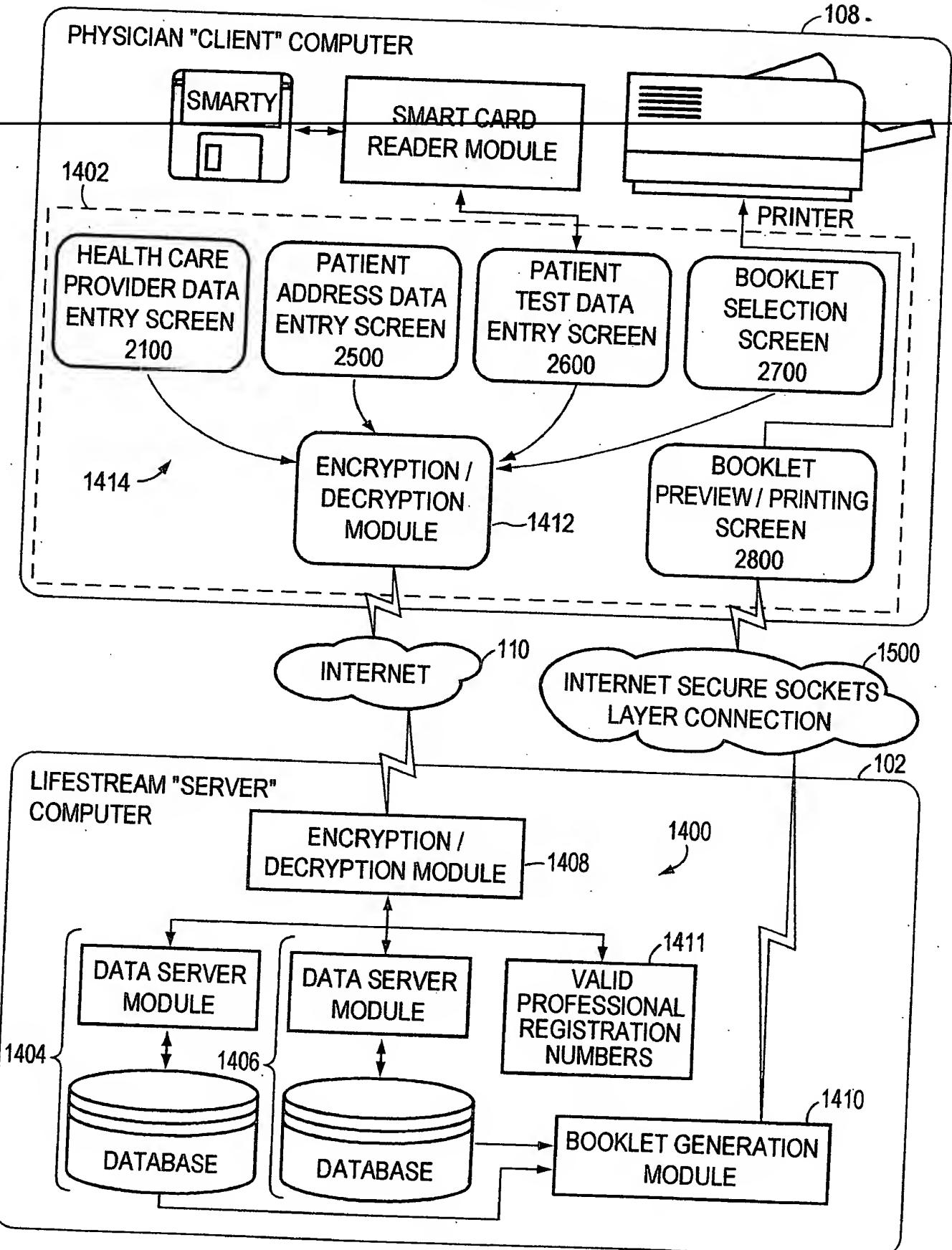


FIG. 15

GLOBAL SYSTEM HARDWARE PICTORIAL

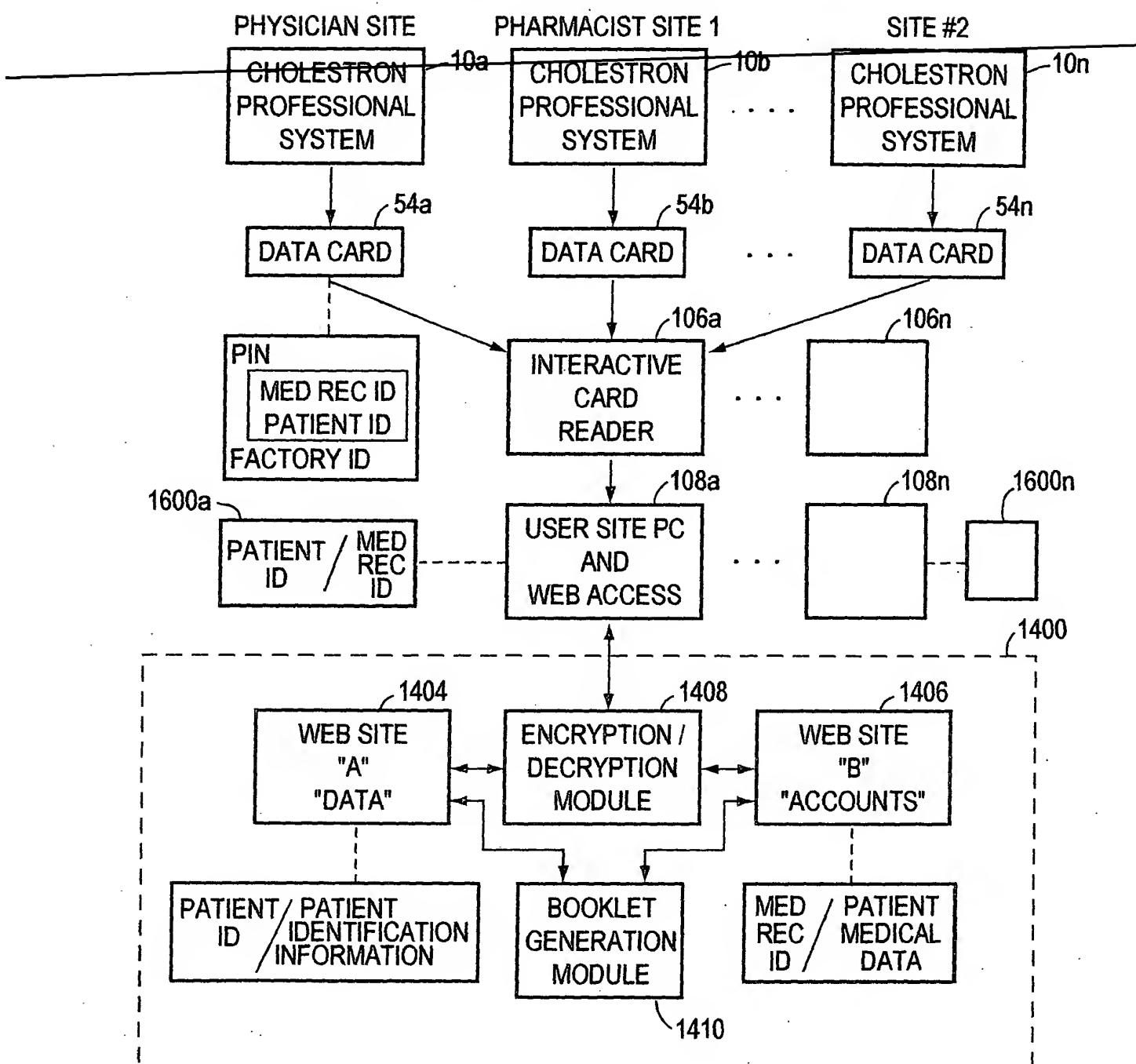


FIG. 16

17 / 30

CLIENT
ACCESS
ROUTINE
1700

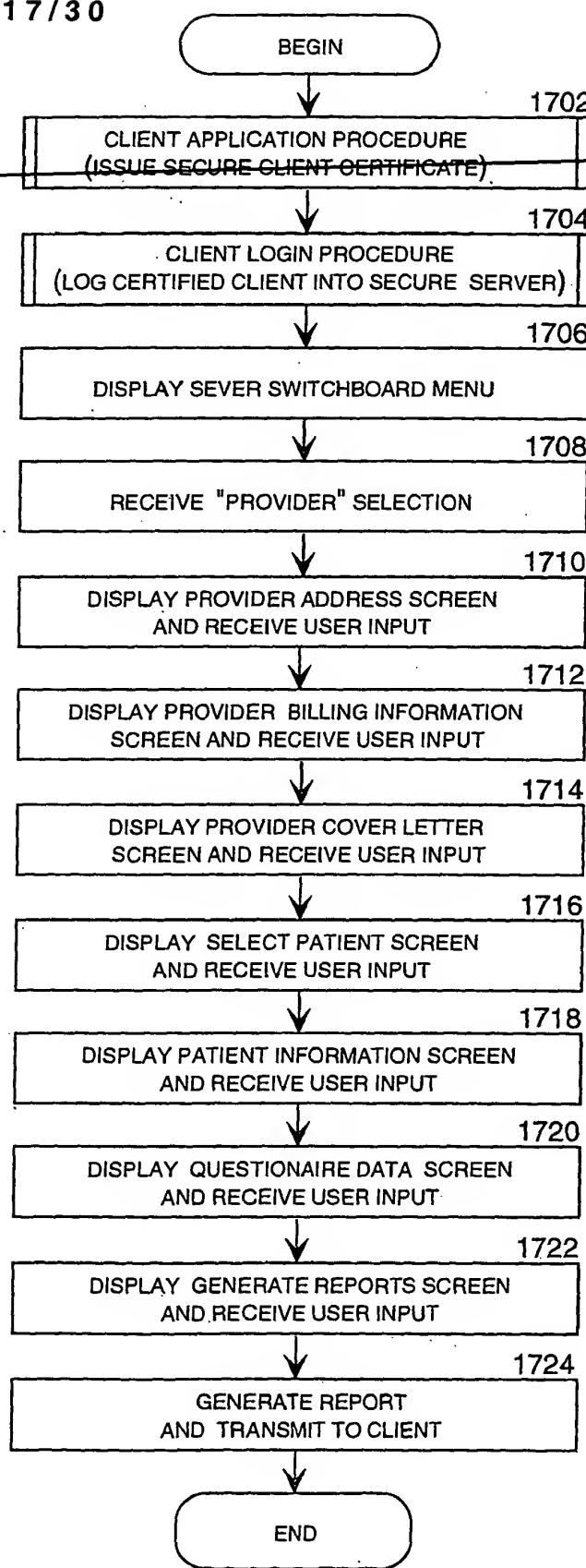


FIG. 17

CLIENT
APPLICATION
ROUTINE
1702

18 / 30

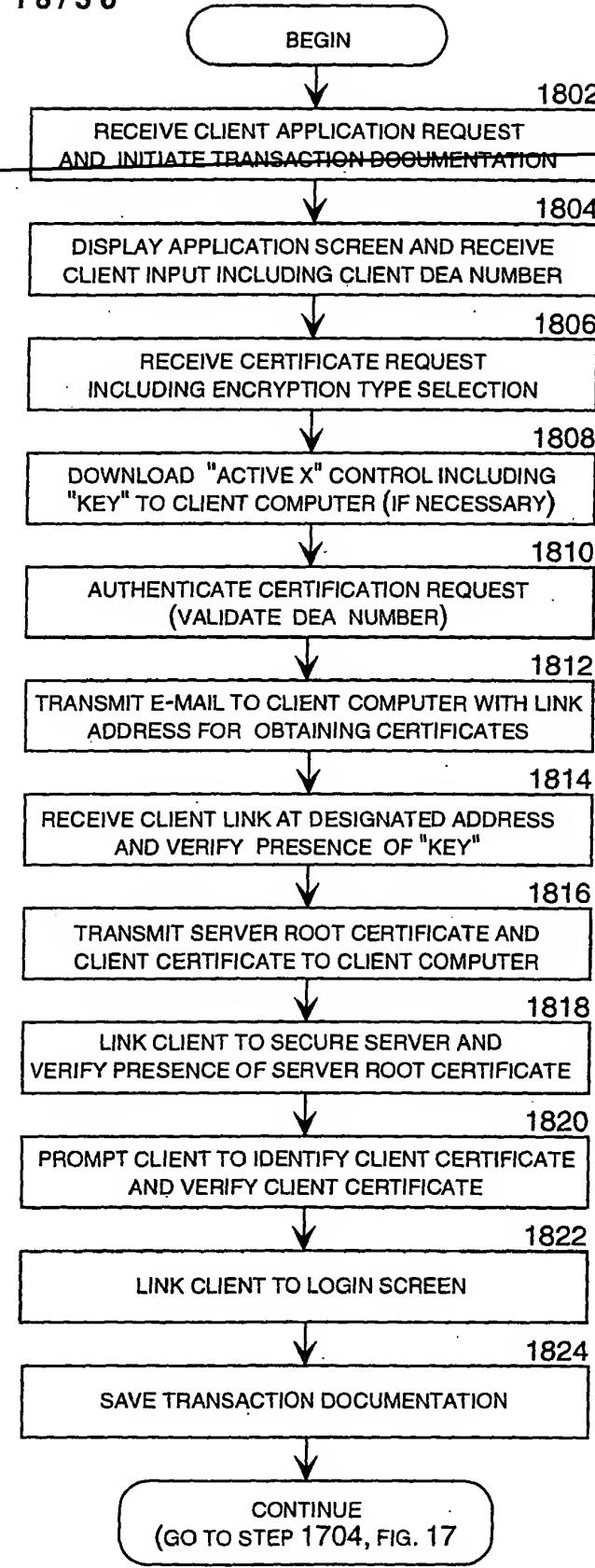


FIG. 18

19 / 30

CLIENT
LOGIN ROUTINE
1704

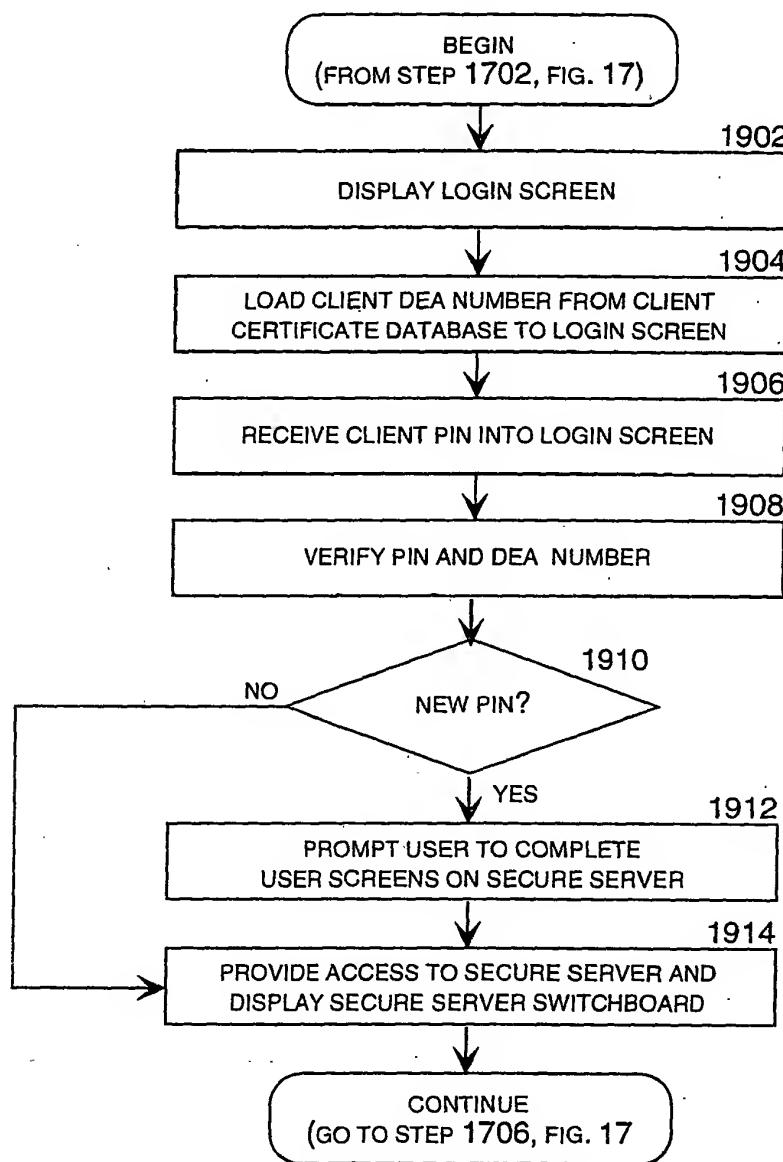


FIG. 19

20/30

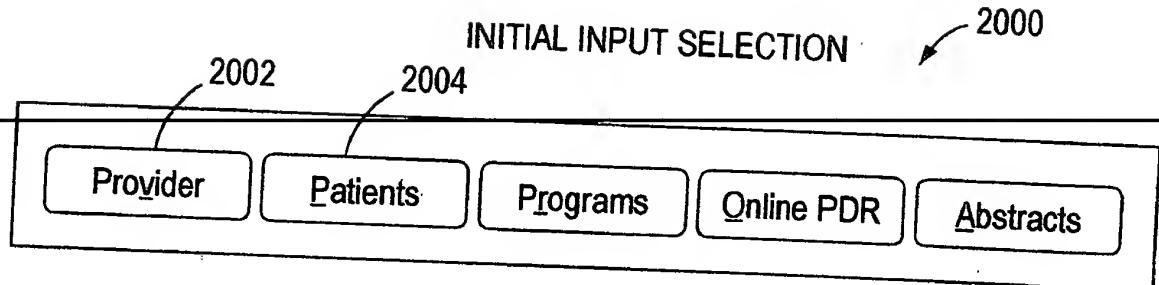


FIG. 20

BILLING MODULE

This form is divided into several sections: Address, Billing Info, Cover Letter, Account, Name, Associate PIN Numbers, Notes, and a footer. Numbered callouts point to various fields:

- 2102 points to the 'Address' section.
- 2106 points to the 'Account' section.
- 2108 points to the 'Name' section.
- 2110 points to the 'Associate PIN Numbers' section.
- 2104 points to the 'Notes' section.
- 2100 points to the 'Save' button.

Address Billing Info Cover Letter

Account
Provider Number
XX1234567 PIN

Name
Title First Last Degree
Lifestream Technologies

Address
Street Address
510 Clearwater Loop
Suite 101

City State/Region Postal Code
Post Falls ID 83854

Country United States

Other
Phone Fax
(208) 457-9409 (509) 457-9509

Birthdate E-mail
1/1/60 sales@lifestreamtech.com

1.0.3.4

Add Modify Delete

Notes

Save

FIG. 21

21/30

210o

2200

2202

Address Billing Info Cover Letter

Billing Method Credit Card ▾

Credit Card Information

Credit Card Number Expiration Date

Name on card

Checking Account Information

Checking Account Routing Number

 Save

FIG. 22

22/30

2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~
~Pt.Address~
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

 Editor  Save

FIG. 23

23/30

2400

1.0.253

Select an existing patient or add a new patient

Select Existing Patient

Add New Patient  Read SmartCard

Administrative

 Backup  Recreate Card

 Restore  Quick List

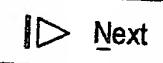
 Next

FIG. 24

24/30

2500

Patient Information

Account File Number <input type="text" value="123"/>	Entry Date <input type="text" value="11/24/98"/>	Other Phone <input type="text" value="(509) 555-1212"/>	Fax <input type="text"/>
Name First <input type="text" value="Jill"/>	Last <input type="text" value="Smith"/>	Birthdate <input type="text" value="1/1/50"/>	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
Address Street Address <input type="text" value="110 Main"/>		E-mail <input type="text"/>	
City <input type="text" value="Spokane"/>	State/Region <input type="text" value="WA"/>	Postal Code <input type="text" value="99201"/>	<input checked="" type="checkbox"/> Include on Mailing List
Country <input type="text" value="United States"/>	Language <input type="text" value="English"/>	Notes <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
 Save			
 Previous  Next			

FIG. 25

25/30

2600

+

Questionnaire Data

Patient
File Number First Last Test Time Stamp
123 Jill Smith 12/8/98 10:16:01AM

Risk Components

Family History <input checked="" type="checkbox"/>	Height <input type="text" value="68"/> inches	Glucose <input type="text" value="0"/> mg/dl
Personal History <input type="checkbox"/>	Weight <input type="text" value="165"/> pounds	Body Fat <input type="text" value="24"/> %
CVD <input type="checkbox"/>	Age <input type="text" value="48"/> Years	Systolic <input type="text" value="140"/>
AF <input type="checkbox"/>	Chol <input type="text" value="215"/> mg/dl	Diastolic <input type="text" value="80"/>
LVH <input type="checkbox"/>	Tng <input type="text" value="0"/> mg/dl	Fitness <input type="text" value="Sedentary"/>
Diabetes Type 1 <input type="checkbox"/>	LDL <input type="text" value="0"/> mg/dl	Ethnicity <input type="text" value="Caucasian"/>
Diabetes Type 2 <input type="checkbox"/>	HDL <input type="text" value="0"/> mg/dl	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
Smoker <input checked="" type="checkbox"/>		

Record 1 of 1  Read SmartCard  Save

      Previous Next >

FIG. 26

26/30

- 2700

Generate Reports

Current Test

File Number 123	First Jill	Last Smith	Test Time Stamp 12/8/98 10:16:01AM
--------------------	---------------	---------------	---------------------------------------

Full Program
 Cover Letter
 Summary
 Evaluation
 Receipt

Lifestyle Therapy

None	▲	▼
NCEP	▲	▼

Lipid Drug

None	▲	▼

Blood Pressure Drug

None	▲	▼

 Generate Report

<| Previous

FIG. 27

27/30

2802

	CORONARY RISK FACTORS	TEST RESULTS	IDEAL RANGE	GOALS
	GENDER	MALE		
IDEAL	PERSONAL HISTORY	NO	NONE	
	FAMILY HISTORY	NO	NONE	
	CVD	NO		
	AF	NO		
MODERATE	LVH	NO		
	DIABETES (TYPE 1)	YES	NONE	
	SMOKER	YES	NO	
	HEIGHT	66 in		
HIGH	WEIGHT	155 lbs		
	AGE	44		
	TOTAL CHOLESTEROL	211	< 200	
	TRIGLYCERIDES	200		
MODERATE	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
	PERCENTAGE OF BODY FAT	N/A	18%	
IDEAL	BP SYSTOLIC	115	< 120	
	BP DIASTOLIC	80	< 80	
LOW	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

2806

EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

28/30

2900

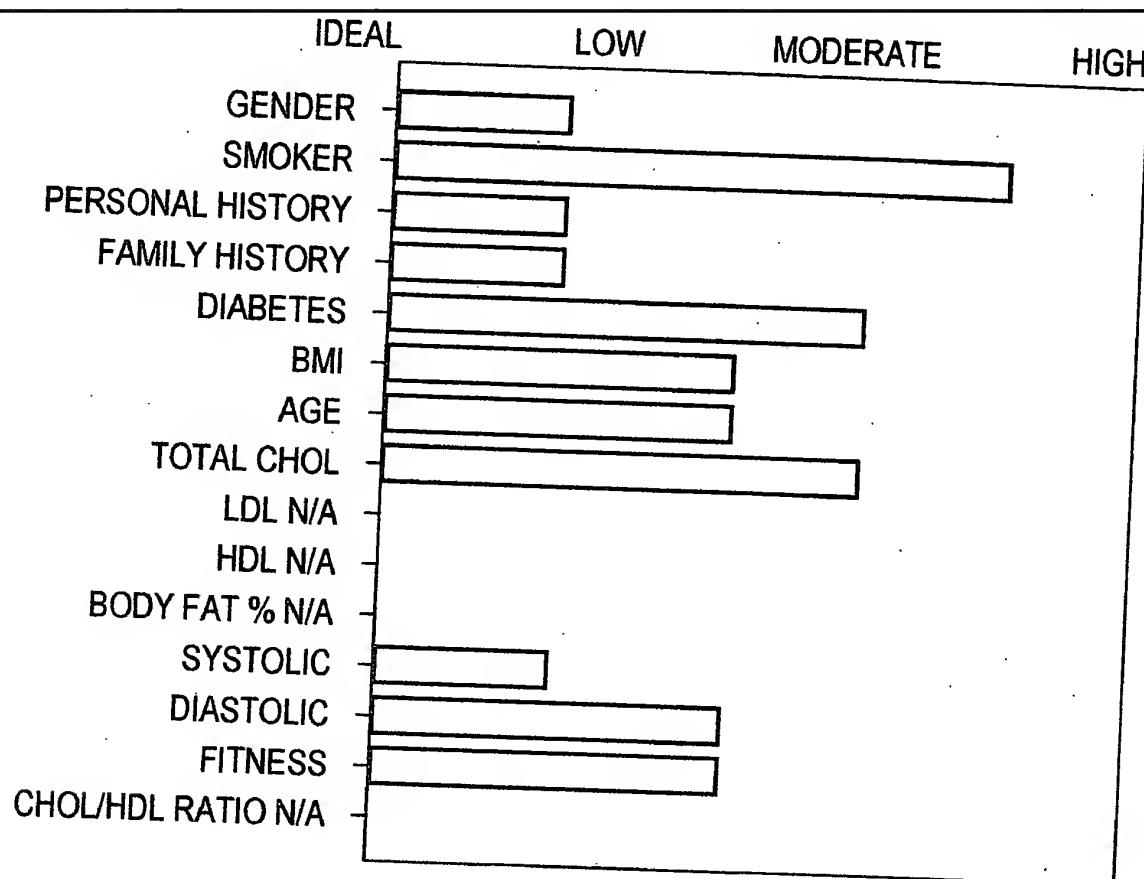


FIG. 29

29 / 30

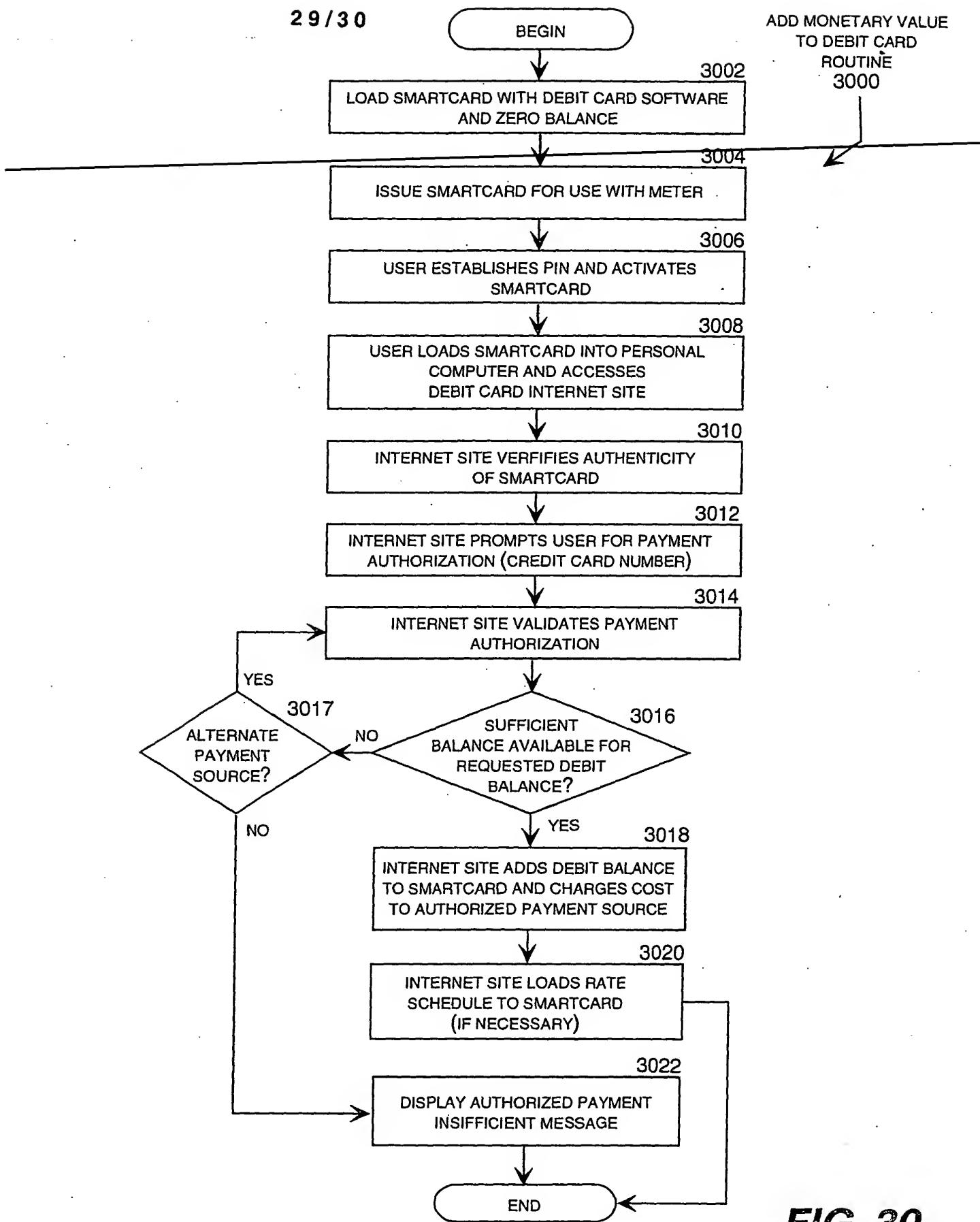
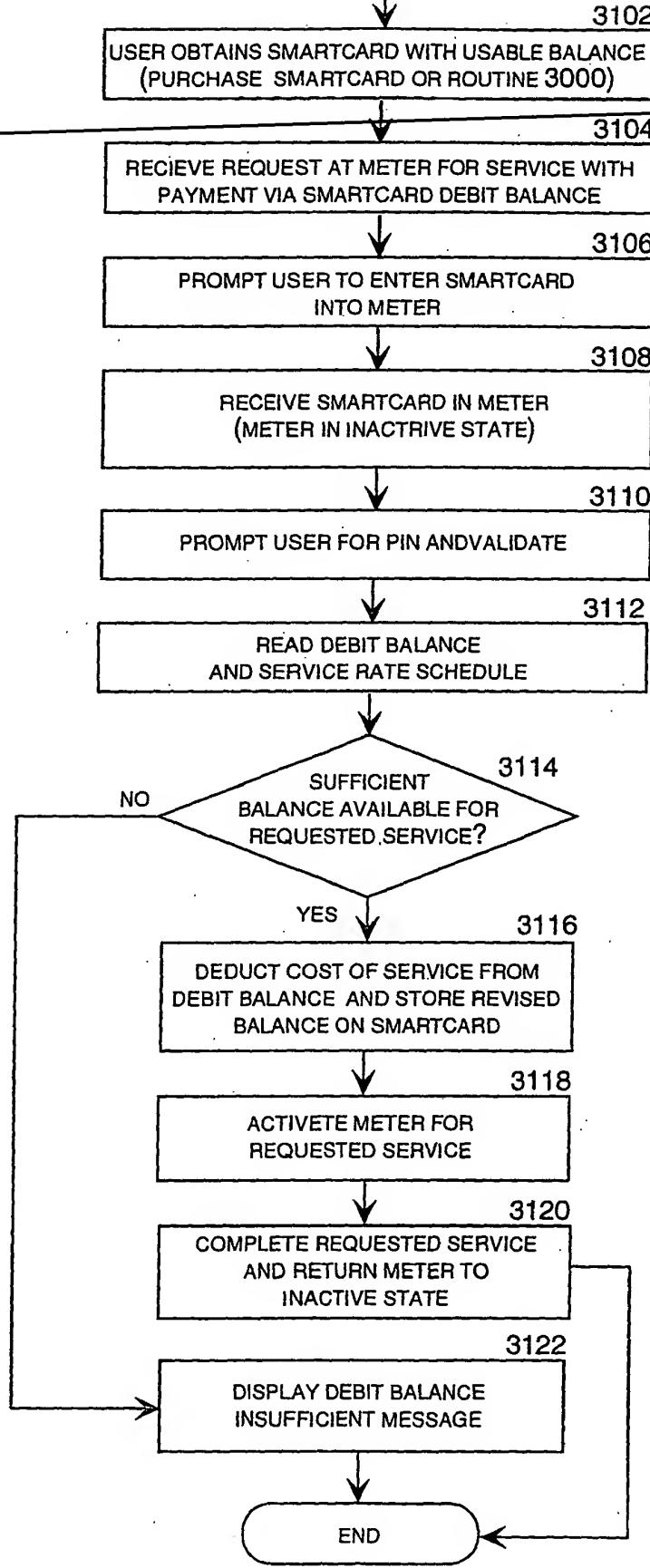


FIG. 30

30 / 30

BEGIN

USE DEBIT CARD
ROUTINE
3100**FIG. 31**